



Federal Update for April 28 – May 2, 2014



Walz Touts Better Services for Vets at Grand Opening of Albert Lea Clinic

Albert Lea, MN [4/25/14] – Today, Representative Tim Walz attended and gave the keynote address at the grand opening of the new VA Community-based outpatient clinic (CBOC) in Albert Lea. Last fall, after advocating tirelessly for a new CBOC for southern Minnesota, Walz announced the VA had chosen Albert Lea as its location.

“Today has been a long time coming and I could not be more pleased,” Representative Walz said. “I thank the VA for their data driven decision to put this CBOC here in southern Minnesota. This CBOC will ensure that local veterans will have access to the health care they have earned and deserve.”

The new CBOC will increase access to care for veterans in southern Minnesota by providing primary care, mental health counseling, and telemedicine services. Having a new clinic close to home will reduce unnecessary trips to the Twin Cities for local veterans, which can be a significant hardship for veterans of all ages.

Representative Walz sits on the U.S. House of Representatives Veterans Affairs Committee. He is a 24-year veteran of the Army National Guard and is the highest ranking enlisted soldier to ever serve in Congress.

DoD 2015 Budget Update ► HASC Rejects Proposed Cuts

In the first official congressional action on the Pentagon’s proposed 2015 budget, House lawmakers have rejected proposed cuts in housing allowances and commissary funding, as well as an overhaul of the Tricare system that would increase out-of-pocket costs for some beneficiaries. But members of the House

Armed Services Committee's personnel panel remained noticeably silent on the Defense Department's proposed 1 percent basic pay raise for troops next year, opening the door for another smaller-than-expected pay boost in January. And the lawmakers also signaled that they want service members to play a role in deciding what pay and benefits cuts they'll see in the future, proposing a study that would ask troops to rank their benefits in value and importance — for example, whether they value health care and bigger paychecks over retirement pay and housing allowances. Top Pentagon officials had spent the last two months arguing that the pay and benefits changes are necessary to help contain growing personnel costs, which threaten to overwhelm funding for readiness and modernization as long as the mandatory, automatic budget cuts known as sequestration remain in effect.

The personnel subcommittee's draft of the 2015 defense authorization bill shows lawmakers remain unconvinced by that argument. In a statement, the subcommittee said the draft bill "rejects proposals that would have increased out-of-pocket costs for military families." Instead, the plan punts long-term compensation reform to next year, after the congressionally mandated Military Compensation and Retirement Modernization Commission is scheduled to release its final report on ways to revamp the way pay and benefits are handled. The subcommittee action is just the first step in a long process, and defense officials still have months of lobbying opportunity ahead before a final defense authorization bill is approved by Congress. But Senate leaders have expressed similar reluctance to cut troops' compensation before the commission has a chance to weigh in. Outside advocacy groups also have argued that no compensation changes should be considered until the commission finishes its work. Service officials say delaying all the changes could cost DoD tens of billions in compounding personnel spending in years to come.

The Pentagon's fiscal 2015 budget proposal had included plans to gradually reduce housing allowance rates to cover only 95 percent of average off-base rental costs, down from 100 percent. The House subcommittee would sideline that plan for now. Defense leaders had also pushed to eliminate commissary subsidies at most domestic bases, effectively reducing annual funding for the system by two-thirds, which would have led to price increases of about 20 percent for patrons. Instead, the House plan asks for a study "to identify efficiencies that could lead to cost savings without reducing military family

benefits.” The subcommittee also rejects a DoD proposal to combine the three major existing Tricare plans — Prime, Standard and Extra — into a single system with a fee structure based on where beneficiaries get their medical care. Instead, lawmakers asked for an anonymous survey of service members to determine “the value that members of the Armed Forces place on ... forms of compensation relative to one another.” That would include basic pay, bonuses, health care benefits and retirement pay.

The authorization bill draft does not weigh in on a pay raise for 2015. Under current law, basic pay raises that take effect each Jan. 1 are pegged to the increase in private-sector wage growth in the most recent full fiscal year. Under that formula, the pay raise for 2015 would be at least 1.8 percent. But Pentagon officials have pushed for a 1 percent capped pay raise instead, to cut costs. And without specific congressional language mandating a higher raise, the president can intervene and set a lower pay raise. If the 1 percent proposal is adopted by the Senate later this year, it would mark the second consecutive year troops would see a pay raise lower than expected private-sector wage growth. For an E-3 with three years of service, the difference in the two pay plans will cost about \$195 a year. For an E-7 with 10 years, it comes out to \$356. For an O-5 with 12 years of service, the lower pay plan would erase about \$667 of annual salary. Military advocates have argued that the smaller annual pay is only part of the problem. After years of lobbying to close the so-called “pay gap” between private-sector wages and military paychecks — which by common measure peaked at more than 13 percent in the late 1990s — they worry the recent trend will leave service members with less purchasing power and more debt. Ultimately, advocates say, capped pay raises would lead to the same recruiting and retention problems that plagued the military in the 1990s, when the pay gap was peaking. Pentagon budget officials are proposing similar capped pay raises through at least 2018, which would continue to widen the gap. But they argue the trims, while difficult, will not devastate military families, and will help protect readiness and modernization efforts.

The 1 percent pay raise troops received this year was the lowest in the history of the all-volunteer military, dating back to 1973. In congressional testimony, service leaders have repeatedly pointed out that troops are still in line to see a pay increase at a time when some private-sector firms are withholding raises. The full House is expected to vote on a final draft of the full defense authorization bill

later this month. The Senate is scheduled to offer its initial drafts of the legislation in coming weeks, with a full chamber vote possible in early summer. [Source: ArmyTimes | Leo Shane | 29 Aug 2014 ++]

SECDEF Update ► Job Performance Poll Results

More leaders in government, industry and academia disapprove of US Defense Secretary Chuck Hagel's job performance — 44.9 percent — than approve — 36.2 percent, according to a new Defense News Thought-Leader Poll. While Hagel received strong support from self-identified Democrats with 82.6 percent approving, a combination of Republican disapproval at 62.4 percent and those working in industry disapproving at 50.9 percent pushed Hagel into negative territory. Those in the military gave Hagel positive marks at 44/36 percent approval/disapproval, and Defense Department civilians were evenly split at 38.2 percent.

The Defense News Thought-Leader Poll, conducted over two weeks in April, asked 245 people a dozen questions, including their opinions of the job performance of various officials and their thoughts on several components of the Pentagon's fiscal 2015 budget request to Congress. The largest group of respondents, 26.9 percent, came from the defense industry, followed by 17.6 percent DoD civilians and 13.1 percent military. Of military respondents, more than half were flag and general officers. The fact that Hagel received negative marks from industry shouldn't come as a surprise, said Mackenzie Eaglen, a fellow at the American Enterprise Institute.

"The first thing that anyone would have to question is whether industry would give low marks to anyone who had the job right now because they are the front man for implementing sequestration light," she said. "I don't know that it's personal. As modernization keeps getting squeezed further in the department, senior Pentagon officials are reaching out more to industry in the last 12 to 24 months," Eaglen said. "The outreach is pretty healthy, but the news isn't good, and that could be simply what industry is reacting to."

Part of the challenge that Hagel has faced is relative inexperience in defense management, said Gordon Adams, a fellow at the Stimson Center and professor at American University. "Hagel came into this job with very little experience in

defense, so his learning curve is actually pretty steep, and I don't think many people realize that," Adams said. "He didn't sit on the [Senate] Armed Services Committee; he sat on the Foreign Relations Committee. So even though he was once a soldier in uniform, his actual defense management experience is extremely small. Getting up to speed and getting on top of the building is a challenge." And earning the respect of those in the building and the larger defense community isn't an easy task, Adams said. "I think one of the most effective secretaries of defense in a drawdown was Dick Cheney, in the [George] H.W. Bush administration. He came in and laid down the law," Adams said. "He really got the building's attention, and I don't think that almost any secretary of defense since Cheney has gotten that much respect out of the uniforms in the Pentagon. "The big challenge of managing the Pentagon is not so much getting the love of the chiefs as it is getting the respect of the chiefs," he said. "That's a real challenge, and it's especially important in a drawdown." [Source: Defense News | Zachary Fryer-Biggs | 27 Apr 2014 ++]

DoD/VA Seamless Transition Update ► No Progress/Less Funds

House lawmakers plan to hold back millions in dollars of technology funding from Defense and Veterans Affairs department planners until Congress is convinced they are making progress on developing a way to share electronic medical records. At a 9 APR hearing, members of the House Appropriations Committee approved a fiscal 2015 budget plan that would hold back 75 percent of VA's requested record system upgrade funds, contingent on the two departments proving that they are close to a seamless medical record system for troops and veterans. Rep. John Culberson (R-TX), chair of the committee's military construction and veterans affairs panel, said that similar language is planned for the defense appropriations and defense authorization bills set for May. Pentagon planners won't get their full technology request until lawmakers are satisfied they're addressing the shared records issue. "If they want their money, they're going to have to earn it," he said.

Frustration with the military/veterans records systems has been rising on Capitol Hill since early 2013, when department leaders announced they would abandon plans for a single system that could track individuals from boot camp through their VA care. The price tag for that effort would have approached \$30 billion. But

lawmakers noted that the departments had already spent more than \$1 billion and several years on the joint system before changing plans, calling into question whether a seamless lifetime military medical record would ever be possible. Defense and VA officials have repeatedly worked to assure Congress that the departments already are sharing significant amounts of medical information, including a common display format for basics like patient prescriptions, past physician visits and check-up information. Pentagon officials have promised that having a separate records system from the VA won't prevent them from sharing files seamlessly. Military medical officials are in the process of seeking proposals for a new multibillion-dollar records system, one that may include elements of the existing VA system.

Rep. Sam Farr (D-CA) blamed most of the confusion surrounding the issue on the Pentagon's "unwillingness" to adopt the established VA records system, but said he's hopeful the withheld funding plan can force a change. President Obama promised lifetime electronic medical records for service members back in 2009, as part of a host of promised reforms to veterans services. Rep. Sanford Bishop Jr. (D-GA) said that after years of frustration, he hopes the funding plans "have finally gotten the two departments' attention, and I expect to see some real progress on this soon." The House budget proposal for VA would provide about \$65 billion in discretionary funding in fiscal 2015, about \$1.5 billion above this fiscal year but about \$400 million less than what administration officials had requested. That would include about \$173 million in funding to continue work on the department's Veterans Benefits Management System and \$20 million more for digitizing veterans' paper medical records. [Source: Military.com | Leo Shane | 16 Apr 2014 ++]

DoD Benefit Cuts Update ► Hill to Resist Pentagon Plan

House Armed Services Chairman Howard "Buck" McKeon (R-CA) has added his voice to those on the Hill who believe major changes to military personnel programs should wait until the fiscal 2016 cycle. Chairman McKeon is looking for the Military Compensation and Retirement Modernization Commission to weigh in on pay and benefits to give Congress a more comprehensive report on the issue. Testifying on the Pentagon plan last week, NAUS Legislative Director Rick Jones told members of the House Armed Services Committee that the Pentagon

plan was unacceptable, a risk to the security of the nation and a breach of faith to those in uniform.

Sentiment on Capitol Hill indicates that congressional members are hesitant to go along with Pentagon proposals to give troops a pay raise that lags behind inflation, reduce their housing stipends, alter the TRICARE health system and -- not least -- hike commissary prices. Regarding commissaries, the Pentagon's proposal would cut \$1 billion from commissary budgets, effectively shifting those costs to military shoppers. NAUS is pleased to hear, Sen. Barbara A. Mikulski (D-MD), Chairwoman of Senate Appropriations, state last week her strong opposition to cutting funds for commissaries. Mikulski, too, is looking at the Military Compensation and Retirement Modernization Commission (MCRMC) for a more holistic approach. The MCRMC is expected to publish pay and benefits recommendations in 2015. [Source: Military Times Leo Shane & NAUS Weekly Update 18 Apr 2014 ++]

Gulf War Syndrome Update ► 'Gulf War Illness' Term Use Opposed

After the Institute of Medicine in March recommended using the term "Gulf War illness" to describe symptoms affecting more than 200,000 Persian Gulf War veterans, a top Veterans Affairs Department official expressed concern that such a change would imply a direct causal link between service in the 1990-'91 conflict and long-term illness. That potentially explosive news was contained in an email sent by an IOM staffer to panel members who made the recommendation, including chairman Dr. Kenneth Shine. A copy was obtained by Military Times through a third party and later verified as genuine. In the email, the IOM staffer said Allison Hickey, VA's undersecretary for benefits, questioned the use of "Gulf War illness" rather than the VA-favored "chronic multisymptom illness" (CMI) in a briefing on the report, "Chronic Multisymptom Illness in Gulf War Veterans." Hickey "was concerned that changing the name from CMI to GWI might imply a causal link between service in the Gulf and poor health which could necessitate legislation for disability compensation for veterans who served in the Gulf," according to the email. The statement appears to confirm what many ill Gulf War veterans have long suspected: VA has dodged references to Gulf War illness and research into the condition because officials fear a flood of new disability benefits claims and costly payouts — greatly complicating VA's highly publicized goal to

eliminate its backlog of benefits claims by the end of 2015. Further fueling some veterans' suspicions: Why was Hickey, VA's top benefits official, weighing in on what is, at its core, a health issue? "If this is true, this is extremely disappointing. Until this is recognized for what it is — Gulf War illness — it's unlikely that any solutions will be found," said Diane Zumatto, AMVETS national legislative director. But VA insists Hickey's comments had nothing to do with money. Rather, according to VA spokesman Drew Brookie, Hickey's concerns were that the phrase Gulf War illness might be too restrictive, excluding vets from other eras with similar symptoms.

Hickey "asked about limiting the naming of the conditions to one conflict when they could be experienced by any number of veterans from multiple conflicts. ... VA currently recognizes that Gulf War veterans are experiencing these symptoms, yet they are also being experienced, based on the IOM report, by veterans of the current conflicts, as well as veterans deployed elsewhere," Brookie said. Veterans of Operations Desert Shield and Desert Storm often have butted heads with VA, which they say does not recognize their illness as a physical ailment related to military service and has undermined research that might prove a link between the conflict and disease. According to VA, three illnesses are presumed to be related to Persian Gulf service: medically unexplained illnesses; some infectious diseases; and amyotrophic lateral sclerosis, or Lou Gehrig's disease. With the listing of "medically unexplained illnesses" as a presumptive condition, most Gulf War vets with associated symptoms — fatigue, cognition issues, musculoskeletal problems, gastrointestinal issues, breathing problems and neurologic concerns — may already be eligible for compensation.

But getting a claim approved for a medically unexplained illness is tough. As of 2011, the last time VA published statistics on claims for undiagnosed illnesses among Gulf War vets, 20,069 claims had been approved while 16,725 were denied. VA did not provide updated data by press time. "It's been a frustration all along. We've had to fight to get care, fight to get a research advisory committee, we've had to go to civilian doctors to try to get answers," said Denise Nichols, a Gulf War veteran and advocate. The past year has seen continued sparring between the VA and Gulf War veterans. In June, VA made changes to the Research Advisory Committee on Gulf War Veterans Illnesses that led to the removal of all but one of its board members. VA also has invested in research that looks into stress as a possible cause, which doesn't sit well with physically sick

vets. VA research was called into question in May, when former researcher Stephen Coughlin testified that VA hid or manipulated data and results. The VA inspector general later cleared the department of all but three of the allegations. House lawmakers in March introduced legislation to restore the advisory committee's independence and promote research. "It is well past time for officials at the VA to focus on identifying veterans who may be affected, instead of trying to sow doubt about the disease's existence," said Rep. Phil Roe, R-Tenn., a physician who has pushed for congressionally directed research into Gulf War illness. Dr. James Baraniuk, a prominent researcher on Gulf War-related illnesses, agreed. "I was not aware that VA was caring for veterans of other campaigns using the terminology CMI," Baraniuk said, referring to Hickey's comments. "What diagnosis code do they use? Is there a CMI diagnosis and treatment statement, guidance, or algorithm within the VA?"

In a written statement, VA spokesman Drew Brookie said the department agrees that "there are health issues associated with service in the Gulf War, and is committed to ensuring Gulf War veterans have access to the care and benefits they have earned and deserve." Nichols, whose symptoms include joint pain, fatigue, cognitive issues and chemical sensitivity, said that if VA was truly concerned, it would have changed its policy a long time ago. "It's a shame VA cannot be proactive. It's a shame we have gone through 23, 24 years of this. They have the authority to fix this and they haven't. Most of us feel betrayed," Nichols said. [Source: MilitaryTimes | Patricia Kime | 22 apr 2014 ++]

VA Vets Prevail Program ► Anonymous Online Counseling

When they contracted with the Vets Prevail program late last year, Veterans Affairs Department officials hoped the Web-based mental health resource could enroll about 2,200 new veterans in its anonymous counseling over a year. The program reached that number in a little more than three months. "We think that shows the real need for something like this," said Richard Gengler, founder of Prevail Health Solutions, which runs the program. "A lot of the time, veterans are scared away from getting any help because of the stigma. But this is a way to reach them and help them." In recent years, VA officials have put extra effort into outreach efforts for the millions of veterans who don't seek help from the department. Last year, nearly 9 million veterans — roughly 40 percent of the U.S.

veteran population — used some type of VA health service. But officials believe that even more could benefit, especially in the realm of mental health.

Vets Prevail officials are hoping their success serves as a new model for those efforts. The department has expanded its telehealth offerings in recent years, but most of those programs require traditional enrollment in the VA system. The Vets Prevail program, launched in 2012, provides self-assessments, treatment walk-throughs and peer counseling without requiring veterans to identify themselves. “These are people who would not have gotten into the system otherwise,” Gengler said. “For a lot of them, anonymity is the first step. And for others, the anonymous program may be all they need.” As individuals progress, they’re given opportunities to connect to local VA offices. About half of them do, Gengler said. For others, the program can continue giving them tips on stress management and behavior therapy.

The program was developed with assistance from Chicago-based Rush University Medical Center, which also provides clinical oversight for the work. Clinical trials of individuals who have gone through the program so far have shown the online offerings to be as effective as face-to-face sessions for treatment of post-traumatic stress, anxiety and depression. But comparing those individuals to VA patients is misleading, officials said, because most of them never would have reached out for help if not for the anonymous option. For more information, visit <http://www.vetsprevail.org>. [Source: NavyTimes | Leo Shane | 14 Apr 2014 ++]

VA Care Assessment Update ► Survey Says Vets Highly Satisfied

The American Customer Satisfaction Index (ACSI), an independent customer service survey, ranks the Department of Veterans Affairs (VA) customer satisfaction among Veteran patients among the best in the nation and equal to or better than ratings for private sector hospitals. The 2013 ACSI report assessed satisfaction among Veterans who have recently been patients of VA’s Veterans Health Administration (VHA) inpatient and outpatient services. ACSI is the nation’s only cross-industry measure of customer satisfaction, providing benchmarking between the public and private sectors. In 2013, the overall ACSI satisfaction index for VA was 84 for inpatient care and 82 for outpatient care, which compares favorably with the U.S. hospital industry (scores of 80 and 83, respectively).

Since 2004, the ACSI survey has consistently shown that Veterans give VA hospitals and clinics a higher customer satisfaction score, on average, than patients give private sector hospitals. These overall scores are based on specific feedback on customer expectations, perceived value and quality, responsiveness to customer complaints, and customer loyalty. One signature finding for 2013 is the continuing high degree of loyalty to VA among Veterans, with a score of 93 percent favorable. This score has remained high (above 90 percent) for the past ten years. “Every day, our dedicated VA employees, many of whom are Veterans themselves, strive to provide millions of Veterans with the excellent care they have earned and deserve,” said Secretary of Veterans Affairs Eric K. Shinseki. “Our Nation’s Veterans deserve the best care, and the ACSI survey results help us better understand how Veterans feel about their overall health care experience at VA. There is always more work to do, and we are focused on continuous improvement to the care we provide.” Other findings were:

- Veterans strongly endorsed VA health care, with 91 percent offering positive assessments of inpatient care and 92 percent for outpatient care.
- When asked if they would use a VA medical center the next time they need inpatient care or outpatient care, Veterans overwhelmingly indicated they would (96 and 95 percent, respectively).
- Veterans also responded positively to questions related to customer service for both VA inpatient care (92 percent favorable) and outpatient care (91 percent).
- Medical providers and appointment personnel were considered highly courteous with scores of 92 and 91, respectively.
- VA medical providers ranked high in professionalism (90 percent positive).

VA’s strategy of providing a personalized, proactive, patient-driven approach to health care is positively impacting Veterans’ experiences at our 1700 sites of care nationwide,” said Dr. Robert A. Petzel, VA’s Under Secretary for Health. “We are transitioning to a health service focused on Veterans’ personal health care goals, and this is reflected in the ACSI score.” With over eight million Veterans enrolled, VA operates the largest integrated health care delivery system in the United States. Our mission is to honor America's Veterans by providing exceptional health care that improves their health and well-being. VA provides a broad range of primary care, specialized care, and related medical and social support services.

VA provided 89.7 million outpatient visits last fiscal year. VA has 236,000 health care appointments per day. The final ACSI report can be seen at:

- VHA Inpatient Survey:
<http://www.va.gov/health/docs/VA2013InpatientACSI.pdf> ACSI
- VHA Outpatient Survey:
<http://www.va.gov/health/docs/VA2013OutpatientACSI.pdf>

For more information about VA health care go to <http://www.va.gov/health>.

[Source: VA News Release 16 Apr 2014 ++]

War on Terrorism DC Memorial ► CWA Regulations Prohibit

Veterans of the war on terrorism say they deserve a monument in downtown Washington to recognize their sacrifices, but they are hindered by a rule that says a conflict must be long finished in order to build a memorial, leading some to wonder how to commemorate a “never-ending war.” Iraq and Afghanistan Veterans of America (IAVA) wants a location by the end of 2015 for a monument to those who have served in Iraq and Afghanistan, the major battlefields of the war on terrorism. The fighting has wound down as the war stretches into its 12th year, but veterans are struggling to define an end date. “One of the things that’s very difficult is, because these aren’t technically declared wars, they’re operations of the global war on terror, it’s difficult to fit the statutes,” said Lauren Augustine, a member of the veterans organization’s legislative team. “We’ve been in the wars for over a decade, but it’s particularly difficult to have that closing date.”

Under the Commemorative Works Act of 1997, a war memorial can’t be authorized until at least 10 years after it officially ends, said Lucy Kempf, an urban planner with the National Capital Planning Commission. “Usually a time lapse between an event or an individual’s death is needed, just to give some historic perspective,” she said. The end dates of other wars were easy to determine. They were when the United States signed documents to end the country’s involvement. All U.S. combat troops are out of Iraq and likely will be out of Afghanistan by the end of this year, so there is an easy way to mark a concrete end date to those operations, said Terry Anderson, a military history professor at Texas A&M University. But the global war on terrorism was declared by a 2001

authorization for the use of military force that goes far broader than a single country. Indeed, it deems the shadowy, transnational al Qaeda the enemy. That makes it almost impossible to determine whether and when the conflict will end. “This shift happened because we’ve never fought an enemy like Osama bin Laden types, we’ve never fought an enemy like that before,” Mr. Anderson said. Mr. Anderson said the war will not end as long as terrorists disagree with the Western way of life because no one can negotiate with or change the minds of extremists. “As long as there are radical Islamists who will kill themselves to kill others, we never will have a peace treaty with the [global war on terrorism],” he said. “It is the never-ending war.” Such a lack of conclusion likely will become a factor in future U.S. conflicts as well, he said. “I don’t think any country would ever want to start an atomic war,” Mr. Anderson said. “Therefore, I think this unfortunate type of warfare, this terrorism warfare, is probably the type of thing we will be seeing in the future.” To build a memorial in Washington, Congress has to enact federal authorization, then a panel has to find an appropriate place and design, Ms. Kempf said. How long the construction process takes can vary because of the time and money required to raise public funds, she said

IAVA is eager to start the process by finding a congressional sponsor. Finding a place for the memorial may be tricky. The IAVA has said it wants to secure a spot on the Mall, but the Commemorative Works Act prohibits new memorials or monuments there, Ms. Kempf said. Other areas of the District and places in Arlington are open to construction. Ms. Augustine, however, said a memorial on the Mall is important to remind Americans of the sacrifices made by this generation of veterans. “When we’re thinking about the legacy and the service of those who served in Iraq and Afghanistan, it’s so important to start thinking about that today to ensure their services are honored on the National Mall alongside many of the other wars and that our country never forgets,” she said. [Source: The Washington Times | Jacqueline Klimas | 20 Apr 2014 ++]

Veteran Issues Update ► Obama Vows Continued Focus on Vets

In a pair of meetings this month with leaders from the two largest veterans service organizations, President Obama promised continued action on improving mental health treatment for veterans, boosting their employment opportunities and ending the disability claims backlog. On 18 APR, Obama met privately with

American Legion National Commander Daniel Dellinger to discuss the organization's concerns and challenges. Two weeks ago, he held a similar sit-down with Veterans of Foreign Wars National Commander William Thien. Both veterans leaders called the sessions an important chance to air their upcoming priorities. "Veterans should be above partisan politics," Dellinger said. "I feel like by reaching out to our organizations, it's a realization of the place that veterans belong in our society." Thien and Dellinger said Obama promised a continued focus on treatment for post-traumatic stress disorder, depression and a host of other mental health illnesses facing troops returning from overseas combat. Veterans Affairs Department officials in recent years have added new programs and new staff to tackle the problems.

The veterans leaders praised that work, but noted that troop and veteran suicide rates remain disturbingly high. They also praised work through the White House's Joining Forces initiative to help transitioning veterans apply their military-learned skills in the private sector and obtain civilian job credentials. In a statement following the VFW meeting, Obama promised to take that work further, and ensure that veterans "have access to the education and training they need to re-enter the workforce." Both Obama and VA Secretary Eric Shinseki reiterated public promises to end the disability claims backlog, which sits at around 330,000 cases. The White House has promised to zero out that caseload by the end of 2015. Leaders from the groups also expressed concerns about the shrinking defense budget and looming sequestration cuts, arguing that both hurt national security. [Source: NavyTimes | Leo Shane | 18 Apr 2014 ++]

POW/MIA Recoveries

"Keeping the Promise", "Fulfill their Trust" and "No one left behind" are several of many mottos that refer to the efforts of the Department of Defense to recover those who became missing while serving our nation. The number of Americans who remain missing from conflicts in this century are: World War II (73,000+), Korean War (7,921) Cold War (126), Vietnam War (1,642), 1991 Gulf War (0), and OEF/OIF (6). Over 600 Defense Department men and women -- both military and civilian -- work in organizations around the world as part of DoD's personnel recovery and personnel accounting communities. They are all dedicated to the single mission of finding and bringing our missing personnel home. For a listing of all personnel accounted for since 2007 refer to <http://>

//www.dtic.mil/dpmo/accounted_for. For additional information on the Defense Department's mission to account for missing Americans, visit the Department of Defense POW/Missing Personnel Office (DPMO) web site at <http://www.dtic.mil/dpmo>

or call (703) 699-1169. The remains of the following MIA/POW's have been recovered, identified publication of the last RAO Bulletin:

Vietnam

The Department of Defense POW/Missing Personnel Office (DPMO) announced 25 APR that the remains of a serviceman, missing from the Vietnam War, have been identified and will be returned to his family for burial with full, and scheduled for burial since the military honors. Air Force Capt. Douglas D. Ferguson, 24, of Tacoma, Wash., will be buried May 2, in Lakewood, Wash. On Dec. 30, 1969, Ferguson was on an armed reconnaissance mission when his F-4D Phantom II aircraft crashed in Houaphan Province, Laos. A U.S. forward air controller saw an explosion on the ground and interpreted it to be that of Ferguson's aircraft. He reported seeing no survivors. Ferguson was carried as missing in action until a military review board later amended his status to presumed killed in action. Between 1994 and 1997, joint U.S./Lao People's Democratic Republic (L.P.D.R.) teams conducted investigations of the crash site. U.S. aircraft wreckage and personal effects were found that confirmed this as the crash site of Ferguson's F-4D. From October 2009 to April 2013, joint U.S./L.P.D.R. teams excavated the site three times and recovered human remains. In the identification of Ferguson, scientists from the Joint POW/MIA Accounting Command (JPAC) and the Armed Forces DNA Identification Laboratory (AFDIL) used circumstantial evidence and forensic identification tools, such as dental comparisons, which matched his records, and mitochondrial DNA, which matched Ferguson's maternal line sister and nephew.

Korea - None

World War II

The Department of Defense POW/Missing Personnel Office (DPMO) announced 15 APR that the remains of a U.S. serviceman, missing since World War II, have been identified and are being returned to his family for burial with full military honors. Army Pfc. William T. Carneal, 24, of Paducah, Ky., will be buried on April 25, in his hometown. In mid June 1944, the 27th Infantry Division (ID) landed on Saipan as part of the Allied strategic goal of securing the Mariana Islands. On July 7,

1944, enemy forces conducted an intense attack on the 27th ID, 105th Infantry Regiment (IR) position. During these attacks, elements of the 105th IR sustained heavy losses, killing and injuring more than 900 servicemen. As a result of these attacks, Carneal was reported killed in action. On March 21, 2013, a Japanese nongovernmental organization worker uncovered human remains, personal effects, and military equipment while searching for Japanese soldiers on the northern coastline of Saipan Island. The remains and equipment located suggested that the burial site belonged to an American soldier. The Joint POW/MIA Accounting Command (JPAC) was notified of the findings. On March 24, 2013, two anthropologists from JPAC excavated the site. In the identification of Carneal, scientists from JPAC and the Armed Forces DNA Identification Laboratory (AFDIL) used circumstantial evidence and forensic identification tools, such as dental comparisons and mitochondrial DNA sequence data, which matched Carneal's maternal-line grand-nieces.

The Department of Defense POW/Missing Personnel Office (DPMO) announced 15 APR that the remains of a U.S. serviceman, lost during World War II, have been identified and are being returned to his family for burial with full military honors. U.S. Army Air Forces 2nd Lt. Verne L. Gibb, 22, of Topeka, Kan., will be buried April 23, in Leavenworth, Kan. On Oct. 23, 1945, Gibb was the pilot of a C-47B Skytrain aircraft, with three other crew members and two passengers, which departed Myitkyina, Burma en route to Chabua, India on a routine cargo flight. The weather along the route was unfavorable and the aircraft was never seen again. More than 60 aerial search missions were flown to recover the crew and passengers, but the crash site was never located. All six men aboard the aircraft were declared dead. In May 2002, the Joint POW/MIA Accounting Command (JPAC) received human remains that had been turned over to the U.S. Defense Attaché in Rangoon, Burma. A Burmese national reportedly found the remains 30 years earlier and gave them to a local priest, who in 2002 gave the remains to an American school teacher working in the area. To identify Gibb's remains, scientists from JPAC and the Armed Forces DNA Identification Laboratory (AFDIL) used circumstantial evidence and forensic identification tools such as mitochondrial DNA, which matched Gibb's sister. [Source: http://www.dtic.mil/dpmo/news/news_releases/ Apr 2014 ++]

John Kline Helps Champion Veterans Legislation

WASHINGTON – Minnesota Congressman John Kline supported bipartisan legislation that passed the U.S. House of Representatives last evening ensuring our veterans have quality medical care, important job and training programs, and other benefits they have earned for their service to our country.

“One of our greatest priorities in Congress should be to ensure we keep our promises to those who served our country,” said Kline, a 25-year veteran of the U.S. Marine Corps whose son has served three tours in Iraq and Afghanistan. “This legislation honors our commitment to our veterans and takes needed steps in cutting through red tape and bringing real accountability to the Veterans Administration.”

The Military Construction and Veterans Affairs legislation:

- Includes funding for mental health care, suicide prevention, traumatic brain injury treatment, homeless veteran programs, and rural health initiatives;
- Continues efforts to end the disability claims processing backlog by providing resources for the paperless claims processing system;
- Demands the timely and accurate exchange of medical data between the VA, the Department of Defense, and the private sector to ensure our veterans get the best medical care possible; and
- Increases oversight of taxpayer dollars at the VA by requiring reports on construction expenditures and savings, and forbidding changes in scope of construction projects.

Demanding accountability from the VA on behalf of our veterans has been a priority for Kline. After hearing from Minnesota veterans about unnecessarily lengthy delays in evaluation and treatment for those injured in service – a backlog with an average of 398 days – Kline in this Congress introduced bipartisan legislation – now law – to break through the bureaucratic red tape. “Congressman Kline’s efforts to streamline the current medical evaluation delays will greatly benefit Minnesota Servicemembers,” said Maj. Gen. Richard C. Nash, Adjutant General of the Minnesota National Guard, after the bill passed the House. “This important legislation will be a key part of improving the process of how our Servicemembers will receive medical care.”

John Kline serves on the House Armed Services Committee. He also is Chairman of the House Education and the Workforce Committee. In 2012, AMVETS honored Kline at a

ceremony with the prestigious “Silver Helmet Award” for his “loyalty and dedication to America’s veterans.” He and his wife, Vicky, live in Burnsville.